

RENTAL PROGRAM

1-4 Family Tenant Occupied Dwellings- Pennsylvania
Form DP0001



INSURANCE INNOVATORS, INC.
HOME OFFICE
PO Drawer 969, Glenside, PA 19038
(215)885-7300 • (215)886-2482 Fax

Applicants _____
Name and Mailing Address _____

Renewal of Policy Number _____

Producer _____

Address _____

City or Town, County, State, Zip Code _____

Policy Period

FROM:	TO:		Term in			
Month	Day	Year	Month	Day	Year	Months
						12

Producer Code _____

FOR INT. USE ONLY-POLICY # _____

(12:01 AM
Standard
Time)

Effective date may not be earlier than postmark or FAX date.

Insured location if other than Mailing Address:

ANNUAL PREMIUM	\$ _____
3% STATE TAX	\$ _____
PA Fully Earned Stamping Fee	\$25.00
INSPECTION FEE	\$50.00
TOTAL	\$ _____

COVERAGES

DWELLING	LOSS OF RENTS	OLT LIMIT	NO. OF FAMILIES	IF OWNER OCCUPIED	Deductible
\$	\$ 10% of "A" included	\$			\$500 Under \$60,000 Y _____ N _____
			TOTAL		

MORTGAGEE(S) NAME, ADDRESS AND LOAN NUMBER:

NOTICE TO PRODUCER:

This is an application for insurance only. No Binding Authority is extended to the Producer, nor is coverage bound until received and approved by the Insurance Underwriters.

UNDERWRITING QUESTIONNAIRE

A policy cannot be issued nor can coverage be bound unless all questions are answered.

- Occupation – Applicant _____ Spouse _____
- Type of Construction () Masonry () Frame
- Year of construction _____
- Has the applicant suffered any losses during the last 3 years?
() Yes () No
- Has any company canceled or refused insurance to the applicant? () Yes () No
- Type of electrical Service-circuit breakers/amps _____ fuses _____
- Square footage _____

- Number of Stories _____
- Trampoline on Premises () Yes () No
- Animals/Reptiles on Premises? () Yes () No
Type/Breed? _____
- Prior carrier _____ Policy Number _____
Expiration Date? _____
- Applicant Phone Number _____
- Heating system type _____
If oil, where is tank located? _____

APPLICANTS STATEMENT

I understand that as a part of this company's routine procedure for reviewing applications for insurance or renewals of insurance policies, a routine inquiry may be made. Such inquiry usually contains information as to an applicant's character, general reputation, personal characteristics and mode of living. If such inquiry is made, further information on the nature and scope of the inquiry is available upon written request.

DATE _____

SIGNATURE OF PRODUCER (REQUIRED) _____

SIGNATURE OF APPLICANT(S) _____

UNDERWRITING RULES:

1. 1-4 Family Tenant Occupied Buildings.
2. Coverages available as Monoline Fire or Package Policy.
3. Fire coverage written on DP-1 Form excluding flood, quake, pollution, contamination, sinkhole/collapse.
4. Policy written on an ACV basis.
5. Risks with 2 losses in past 3 years must be submitted with claim details for consideration or a loss ratio over 100%.
6. Only Annual Term Policies are available.
7. Deductible \$1,000. \$500 deductible available on building limits under \$60,000; additional premium of 8% of Fire Premium.
8. Property cannot be vacant or unoccupied for more than 30 continuous days.
9. Increased loss of rents over 10% - .90 per \$100 up to 30% of dwelling value.
10. **Ineligible risks include** condemned, disrepaired risks located next to vacant properties, seasonal risks, vacant risks, personal bankruptcies, risks with pools or spas, fuses, risks having an underground oil tank or any property with EIFS or EIFS derived cladding.

12/08

POLICY MINIMUM PREMIUM FOR PACKAGE OR MONOLINE FIRE IS \$300.00

All premiums subject to a 3% tax, \$50 Inspection fee and \$25.00 PA Fully Earned Stamping fee.